10880 FM 1670, Salado TX 254-947-4005 www.saladomontessori.com

Your Enrollment Checklist

Salado Montessori's admission process is designed to find families looking for a unique educational experience. Our goal is not to fill openings, but rather to gather together children who will blossom within a Montessori setting.

Upon receipt of the enrollment application, prospective parents will meet privately with our Lead Guide & Director for an informal discussion of classroom procedures, expectations, and objectives. Parents are also strongly encouraged to observe a class.

To Apply:

1. ___ Submit an Enrollment Application
2. ___ Submit a New Student Enrollment Fee - $100

Once an applicant is accepted, the parents will complete and submit the Admission Packet. This must be received one week before the first day of class. Required admission forms include:

To Complete Enrollment:

1. ___ Parent Commitment Agreement
2. ___ Health and Human Services Admissions Information
   (Hearing and vision required for students who turn four before September 1st)
3. ___ Vaccines
   (If you choose not to immunize your child, please provide a notarized waiver of immunizations.)
4. ___ Parent Volunteer Program Agreement
5. ___ New Family Fee -$500
6. ___ Use of Image Permission

Additional paperwork requested, but not required for enrollment:

1. ___ Food Allergy and Emergency Plan (if applicable)
2. ___ Texas Education Agency Ethnicity and Race Data Form (you may choose to decline submission of this form)

We sincerely appreciate your interest in Salado Montessori. Just as you have high hopes and dreams for your child, we envision our school will grow over the next few decades to become a world-class Montessori. We have crafted the admission process with this in mind and we are grateful for your commitment to move through the process with us.

Please keep this page for reference

10880 FM 1670, Salado TX 254-947-4005 www.saladomontessori.com

2019 - 2020 Tuition & Fees Schedule

New Student Fees		
New Student Enrollment Fee (per child)	$100	
New Family Fee (per family) *see further explanation	$500	
Other Fees		
Returning Student Fee (annual, per child) due in March	$200	
	Fall 2018	**Spring 2019**
Supplies & Materials Fee (per semester)	$150	$150
Parent Volunteer Program (10 hours or $200 required per semester)	$200	$200
Tuition		
	Half Day Monday – Friday 8:30 - 12:00	**Extended Day** Monday - Friday 8:30 - 3:00
Monthly Paid Tuition (First of the Month)	$475	$670
Fall Semester Paid in Full (5% discount)	$1,907.56	$2,690.66
Spring Semester Paid in Full (5% discount)	$2,256.25	$3,182.50
Extended Care Fees		
Before School (7:30 - 8:30)	$50	
Half Day After School (12:00 - 5:30)	$250	
Extended Day After School (3:00 - 5:30)	$100	
Late Pickup Fee (after 5:30)	$1 per minute	
Annual Fund *see further explanation	$500	

Please keep this page for reference

10880 FM 1670, Salado TX 254-947-4005 www.saladomontessori.com

Further Explanation

Waitlist Fee: $100 per child

This is a one-time, non-refundable fee that is submitted with a Letter of Intent in order to hold a place for your child once the first class is filled.

New Student Enrollment Fee: $100 per child

This is a one-time, non-refundable fee that is submitted with the enrollment application.

New Family Fee: $500 per family

Upon acceptance, this is a one-time fee due with the admission packet for the first child enrolled. If a new family changes their mind about enrollment, the fee is refundable within ten days of receipt. If two children are enrolled simultaneously, only one New Family Fee is due.

Subsequent applications for additional children will be accompanied by the Sibling Admission Fee of $200 instead of the New Family Fee. This is a non-refundable fee that is submitted with the admission packet of new student that is the sibling of a current or former student.

Returning Student Fee: $200 per child

This is an annual, non-refundable fee that is submitted with each returning student's re-enrollment form.

Supplies and Materials Fee: $300 per student ($150 due August 1st and $150 due January 1st of each year)

This is a non-refundable fee to be used for classroom materials and needs.

Extended Care Fees: See Schedule

When you sign up for these services, your child is enrolled for the whole year unless other arrangements are made.

Parent Volunteer Program Option:

Families are asked to contribute 20 annual volunteer service hours. Parents may opt out by paying a $20 per hour fee or $400 per year, divided biannual installments of $200 due at the beginning of each semester. This fee is fully refundable if parents fulfill the required 10 hours of volunteer work per semester. Volunteer activities help familiarize parents with the Montessori method and help keep our costs low. Projects include: building improvements, landscaping projects, playscape improvements, gardening projects, weekly laundry, janitorial assistance, minor administrative tasks, etc.

Annual Fund:

In addition to tuition income, Salado Montessori relies on contributions to the annual fund and other fundraising efforts in order to meet operating expenses and keep tuition at a competitive rate. The annual fund provides a critical source of income that is necessary to enhance our programs and facilities, maintain steady growth, and help with forecasting as we plan for the future. We strive for 100 percent participation from our parent community in the Annual Fund. We ask for a yearly tax-deductible gift of $500 per family and understand that some families may be able to contribute more and some will feel more comfortable giving less. All gifts are greatly appreciated, no matter the amount. You may choose to contribute in monthly installments with your tuition payments, or you can choose to give once yearly.

Please keep this page for reference

10880 FM 1670, Salado TX 254-947-4005 www.saladomontessori.com

Enrollment Application

FOR OFFICE USE: DATE OF PAYMENT _____ AMT$_____ CK NUMBER or CC _____ OFC STAFF_____

I plan to enroll my child in Salado Montessori. I understand that upon filling out this form our family will be invited to complete the enrollment process. **I understand that this form must be accompanied by a check or money order in the amount of $100 made payable to Salado Montessori and that this fee is non-refundable.**

CHILD'S NAME_____ BIRTHDATE: _____

Child's age on August 1st of desired year of enrollment: YEARS_____ MONTHS _____

PLEASE CHECK THE PROGRAMS YOU ARE ENROLLING IN:

_____	Before School Program	(7:30-8:20)
_____	HALF DAY 3-5 Yr. Old	(8:30-12:00)
_____	Nap & After School Program	(12:00-5:30)
_____	Extended Day/Kindergarten 5-6 Yr. Old	(8:30-3:00) – (At Lead Guide's Discretion)
_____	After School Program	(3:00-5:30)

10880 FM 1670, Salado TX 254-947-4005 www.saladomontessori.com

THE FOLLOWING STUDENT INFORMATION IS REQUIRED FOR ENROLLMENT AND MUST BE RECEIVED BEFORE YOUR CHILD MAY ENTER THE CLASSROOM.

Child's Name _____

Child's Home Address _____ City _____ State_____ Zip _____

Child lives with (circle one) Parent 1 Parent 2 Both

Parent/Guardian One Name _____ Relationship to Child _____

Signature_____

Home address same as child? Yes No If not, please provide address:

Address _____ City _____ State_____ Zip_____

Phone Number _____ Email _____

Occupation _____ Employer _____ Business Phone #_____

Parent/Guardian Two Name _____ Relationship to Child _____

Signature_____

Home address same as child? Yes No If not, please provide address:

Address _____City _____State_____ Zip_____

Phone Number _____ Email _____

Occupation _____Employer _____Business Phone #_____

List additional family members & ages: _____

_____

Persons Authorized to pick-up child (include name, number, and relationship to child):

_____ _____

_____ _____

_____ _____

10880 FM 1670, Salado TX 254-947-4005 www.saladomontessori.com

Emergency Information:

Child's Physician_____ Phone _____

Child's Dentist_____ Phone_____

Preferred Hospital_____ Child is covered by insurance? Yes No

Insurance Company_____ Certified Number_____

Name of Insured_____ Insured's Employer_____

Emergency Contact in case parents/ guardians cannot be reached:

Name: _____ Phone: _____

Please list all allergies your child may have: _____

_____

_____

_____

_____

_____

_____

Medical History (any unusual event or circumstances related to your child's birth and/or early years of life such as childhood illnesses, allergies, operations, convulsions, physical challenges or impairments, serious accidents/injuries, etc.):

_____

_____

_____

_____

The following questions will help frame your upcoming Lead Guide discussion:

Does your child have Montessori experience? Yes _____ No ____

If yes, where have they attended Montessori school?

_____

If no, previous schools or daycare attended (can also include enrichment programs such as music classes): Please be prepared to provide past and current school records to help us assess your child's education needs.

_____

_____

What are the interests of your child?

_____

_____

Does your child have many opportunities to be with other children?

_____

_____

_____

Each child is unique. How would you characterize your child?

_____

_____

_____

_____

Why are you interested sending your child to Salado Montessori?

_____

_____

_____

_____

Have any family members attended a Montessori School? Yes No

If yes, please list person's name and the name of the Montessori school

_____

How did you first learn about Salado Montessori?

_____

Please feel free to give us any additional information about your child that you feel would be helpful for us to know (for example, any special needs or interests, what previous school experiences have been like, etc.):

_____

_____

_____

_____

SALADO MONTESSORI DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, ETHNIC ORIGIN, PHYSICAL ABILITY, GENDER IDENTIFICATION OR SEXUAL ORIENTATION.